

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DATE RECEIVED  
MAY 02 2013  
Bayfield Co. Zoning Dept.

Permit #: 13-0069  
Date: 5-13-13  
Amount Paid: \$755.213  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER	
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:			
Bruce & Linda Carroll		71360 Muskeg Rd		Iron River WI 54847		(715) 372-5138			
Address of Property:		City/State/Zip:		Contractor Phone:		Plumber Phone:			
71360 Muskeg Rd		Iron River WI 54847		Plumber:		Plumber Phone:			
Contractor:		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached			
NONE		-		-		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		Subdivision:			
NONE		04-038248092630200010000		Volume 924		Page(s) 84			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Lot Size		Acreage			
NW 1/4, SW 1/4		Gov't Lot		Lot(s)		Block(s) No.		Subdivision:	
Section 26, Township 48 N, Range 09 W		Town of: Ochi		Lot Size		Acreage			
<input checked="" type="checkbox"/> Shoreland		Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone?		Are Wetlands Present?	
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> If Yes---continue →		Distance Structure is from Shoreline: feet		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 3500	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HT	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 20	Width: 12	Height: 12

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)		( X )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( X )	
	<input type="checkbox"/> with Loft		( X )	
	<input type="checkbox"/> with a Porch		( X )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch		( X )	
	<input type="checkbox"/> with a Deck		( X )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( X )	
	<input type="checkbox"/> with Attached Garage		( X )	
	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		( X )	
	<input type="checkbox"/> Mobile Home (manufactured date)		( X )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Addition/Alteration (specify)		( X )	
	<input checked="" type="checkbox"/> Accessory Building (specify) Shed		( 20 X 12 )	240
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( X )	
	<input type="checkbox"/> Special Use: (explain)		( X )	
	<input type="checkbox"/> Conditional Use: (explain)		( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Other: (explain)		( X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property for any reasonable purpose for the purpose of inspection.

Owner(s): Bruce & Linda Carroll  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: NONE  
Date 5/1/13

Address to send permit 71360 Muskeg Rd Iron River WI  
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
If you are signing on behalf of the owner(s) a letter of authorization must accompany this application  
If you recently purchased the property send your Recorded Deed  
Copy of Tax Statement  
Attach

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

SEE ATTACHED MAPS

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	350 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	330 Feet	Setback from the River, Stream, Creek	360 Feet
Setback from the North Lot Line	800 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	800 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	950 Feet	Setback from 20% Slope Area	— Feet
Setback from the East Lot Line	330 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	75 Feet	Setback to Well	100 Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

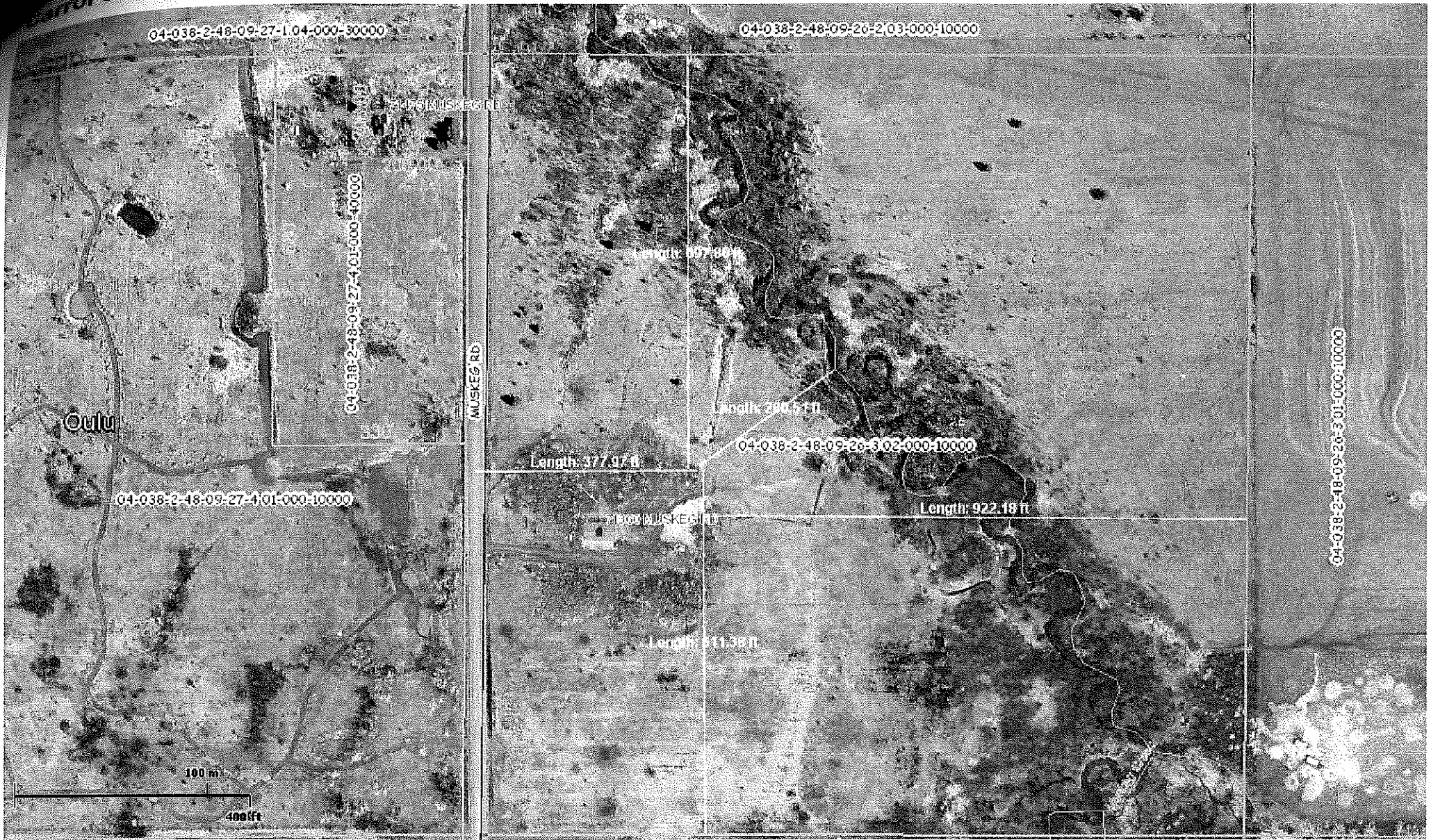
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 192215	# of bedrooms:	Sanitary Date: 7 1993
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-0069		Permit Date: 5-13-13		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record: Site & Setbacks identify Code Compliance location		Zoning District (Ag1)		
Lead Use Permit Can be issued.		Lakes Classification (3)		
Date of Inspection: 5/10/13		Inspected by: Robert Schirmer		Date of Re-Inspection: N/A
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No they need to be attached.)				
Not for Human Habitation				
Signature of Inspector: [Signature]		Date of Approval: 5/10/13		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>

# Field County, WI

Parol shed





SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY WISCONSIN  
DATE RECEIVED  
MAY 06 2013  
Bayfield Co. Zoning Dept.

Permit #: 13-0081 ENTERED  
Date: 5-16-13  
Amount Paid: \$75  
Refund: 5-7-11

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVATE ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:	Kristin & Andrew Grant (Tim Lehman)		Mailing Address:	933 W. Arrowhead Rd Duluth, MN 55811		Telephone:	218-260-3269	
Address of Property:	County Hwy B		City/State/Zip:	Duluth, MN		Cell Phone:	218-260-3269	
Contractor:	N/A		Contractor Phone:	N/A		Plumber:	N/A	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Kristin Grant		Agent Phone:	218-260-3269		Agent Mailing Address (include City/State/Zip):	Same as above	
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PLN: (23 digits)	Recorded Document: (i.e. Property Ownership)					
NW 1/4, NW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	
Section 8, Township 48 N, Range 9 W								
							Lot Size	Acreage
								80

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes--continue -->	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue -->	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 5,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> City <input type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Storage	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story				
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Compost Toilet	
		<input type="checkbox"/> Foundation				

Existing Structure: (if permit being applied for is relevant to it)	Length: 19 feet	Width: 13 feet	Height: 12 feet
Proposed Construction:			

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		( X )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>		( X )	
<input type="checkbox"/> with Loft	<input type="checkbox"/>		( X )	
<input type="checkbox"/> with a Porch	<input type="checkbox"/>		( X )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	<input type="checkbox"/>		( X )	
<input type="checkbox"/> with Attached Garage	<input type="checkbox"/>		( X )	
<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/>		( X )	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>		( X )	
<input type="checkbox"/> Addition/Alteration (specify)	<input type="checkbox"/>		( X )	
<input checked="" type="checkbox"/> Accessory Building (specify) Storage Shed	<input checked="" type="checkbox"/>		( 13 X 19 )	244
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>		( X )	
Special Use: (explain)	<input type="checkbox"/>		( X )	
Conditional Use: (explain)	<input type="checkbox"/>		( X )	
Other: (explain)	<input type="checkbox"/>		( X )	

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Kristin Grant, Andrew Grant (see attached letter)  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 5-1-2013

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

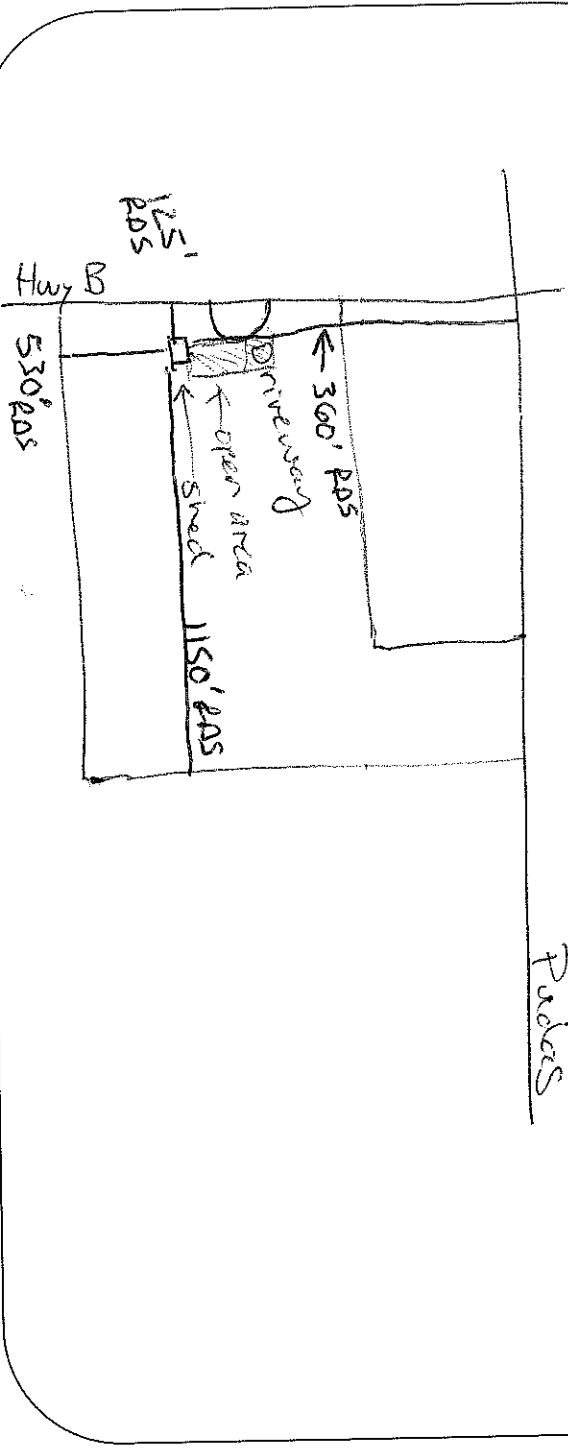
Address to send permit Kristin Grant 933 W. Arrowhead Rd Duluth MN 55811  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- Show Location of: North (N) on Plot Plan
  - Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - Show Location of (\*): All Existing Structures on your Property
  - Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
  - Show any (\*):

\* Attached photo with location information

Feet



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	140' PDS Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	120' PDS Feet	Setback from the River, Stream, Creek	
Setback from the North Lot Line	NA Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	600 Feet	Setback from Wetland	
Setback from the West Lot Line	150 Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	1,000 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 13-0081		Permit Date: 5-16-13			
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)		<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous lots)		<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Case #: NA		Previously Granted by Variance (B.O.A.)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	
Inspection Record: Building site identified by drainage trench		Mitigation Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Site setback ok to issue land use permit.		Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of inspection: 5/16/2013		Inspected by: Robert Schermer		Affidavit Required	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)		Inspected by: Robert Schermer		Affidavit Attached	
Not to be used for human habitation.		Inspected by: Robert Schermer		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Signature of Inspector: [Signature]		Date of Approval: 5/10/2013		Zoning District (AG1)	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Lakes Classification (NA)	
Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		Date of Re-Inspection: NA	